Name in Full: Infant Abott

Certificate of Death

Died at Town: Havre de Mace County: Harford MARYLAND

Date 1899 Month Day: Mch 21 | Age Y. M. D.: 48 hrs | Native of: H. de Mace | Occupation: ——

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband / Wife of

Father's Name: M. A. Abott

Mother's Name: Kate McAuley

Cause of Death: Primary: Unable to answer 161

Immediate: Was found dead

How long sick

Accident, Suicide, Homicide

Reported by: Dr. R. H. Smith

Address: Havre de Mace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full John T. Almony

Certificate of Death

Town near Shawsville County Harford

Died at MARYLAND

Date 1899 Month 3 Day 29 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 5

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary 16' | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Aegis & Intelligencer 3-31

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Isaac Amon

Certificate of Death

Died at Town: Belair County: Harford MARYLAND

Date 1899 Month: March Day: 5th | Age Y.: 74 M.: D.: | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Divorced~~ ~~Widower~~

Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death: Primary 25 g

Immediate Cancer

How long sick

~~Accident, Suicide, Homicide~~

Reported by Chas. E. Homberger

Address Benson Rd.

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Attended by Dr. Hall. Richardson

of Belair Md.

Seen by Coroner

of

Information contained in this certificate received from

of

Name In Full

Certificate of Death

Jacob Bedoin

Died at Town Magnolia County Harford Co MARYLAND

Data 1899. Month Mch Day 11 | Age Y. 70 M. D. | Native of Germany | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living 2

Husband ~~Wife~~ of Mary Bedoin

Father's Name —

Mother's Name —

Cause of Death: Primary 72 | How long sick 3 weeks

Immediate Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by Fredk Schutz Undertaker

Address Upper Falls Balto Co.

Must be signed by physician, if any in attendance, otherwise by [illegible]roner, undertaker or minister.

LIBRARY BUREAU, 79895

Attended by Dr. Opperman.

of Abingdon. Harford Co.

Seen by Coroner

of

information contained in this certificate re-

ceived from

of

Name in Full

Certificate of Death

Amelia Moore Berry

Died at Town: Berkeley County: Harford MARYLAND

Date 1899 Month: Mch Day: 2 | Age Y. 69 M. D. | Native of: Maryland | Occupation: Housekeepr

~~Male~~ Female | ~~White~~ Colored | ~~Single~~ Married | ~~Widower~~ Widow | ~~Divorced~~ | Number of children living

~~Husband~~ Wife of Alexander Berry

Father's Name: Joseph Harries. Mother's Name: Dinah Harries

Cause of Death: Primary: Pneumonia 72 | How long sick: 1 week

Immediate: | ~~Accident, Suicide, Homicide~~

Reported by W H H Whiteford Undertaker

Address Darlington Md

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

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Attended by Dr. E. J. Hopkins

of Darlington Md

Information contained in this certificate received from Dr. Hopkins

of

Seen By Coroner

of

OVER

Name in Full

Certificate of Death

Mildred Jane Bond

Town: Cedars County: Harford

Died, at Cedars Harford MARYLAND

Date 189 9 Month: 3 Day: 22 | Age Y.: 6 M.: 7 D.: 21 | Native of: Md | Occupation: —

~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: J. T. Bond

Mother's Name: Laura M Bond

Cause of Death — Primary: Consumption 22a

Immediate:

How long sick: 3 months

Accident, Suicide, Homicide

Reported by: Bailey & Baldwin Undertakers

Address: Darlington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Wm T. Bond

Certificate of Death

Died at Town Bel Air County Harford MARYLAND

Date 1899 Month 3. Day 30 Age Y. 35 M. D. Native of Md Occupation Baker

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband ~~Wife~~ of Della Bond, Colored

Father's Name Bruce Bond Mother's Name May Bond

Cause of Death Primary Consumptive 22a How long sick 18 Months

Immediate Consumptive Accident, Suicide, Homicide

Reported by Jas. Ward Scott M.D.

Address Bel Air Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Miss Hannah Boyd

Town

County

Died at near Cady Harford MARYLAND

Month Day Y. M. D. Native of Occupation

Date 189 9 25 Age 19

~~Male~~ Female White Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name Joseph Boyd Mother's Name Zoa

Cause of Death: Primary Consumption — How long sick

Cause of Death: Immediate — Accident, Suicide, Homicide

Reported by Argis & Intelligencer 8-31

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79[illegible]

Name in Full John Corca

Certificate of Death

Died at Town Havre de Grace County Harford MARYLAND

Date 1899 Month Mch Day 29 Age Y. M. D. 7. 7 Native of Md Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widow~~ ~~Number of children living~~

Husband of Wife

Father's Name Paul Corca

Mother's Name Vincent Michas

Cause of Death

Primary Acute Bronchitis

Immediate 69

How long sick

Accident, Suicide, Homicide

Reported by Dr. R H Smith

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Elisha Coy

Town

County

Died at Havre de Grace Harford MARYLAND

Date 1899	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	Mch	20		84.	11.	20	Maine	Ship Carpenter

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Wife Margaret Coy

Father's Name Isaac Coy

Mother's Name ~~D.~~ Esther ~~Coy~~

Cause of Death — Primary: Acute Bronchitis — How long sick: About 2 Weeks

Immediate: Heart failure 69

Accident, Suicide, Homicide

Reported by H. R. H. Smith

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

James Erwin

Died at Town: Dublin County: Harford MARYLAND

Date 1897 Month: Mar. Day: 21 | Age Y.: 88 M.: 4 D.: | Native of: Md. | Occupation: Carpenter

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living: 4

Husband / ~~Wife~~ of Elizabeth Singleton

Father's Name: Jno. Erwin | Mother's Name: ———

Cause of Death: Primary: Grip | 9 | How long sick: 5 weeks

Immediate: old age | Accident Suicide Homicide

Reported by J. S. Poole

Address Dublin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full Mrs. Michael Farrell

Certificate of Death

Died at near Town Aldino County Harford MARYLAND

Date 189 9 Month 3 Day 8 | Age Y. M. D. | Native of | Occupation

~~Male~~ / Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Bel Air Times

Address 3-11

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full | Certificate of Death

Albert Foreman

Died at Town: Bekeley County: Harford MARYLAND

Date 1899 Month: March Day: 2 | Age Y. M. D.: 47 | Native of: Md | Occupation: Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ ~~Wife~~ of Louisa

Father's Name: Stephen Foreman | Mother's Name: Charity Foreman

Cause of Death: Primary: Cancer of Stomach | How long sick: 2½ years

Immediate: Exhaustion 25 b | ~~Accident, Suicide, Homicide~~

Reported by: W H H Whiteford Undertaker

Address: Darlington Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. Ephm Hospital

of Darlington Md

Information contained in this certificate received from Dr Hospital

of

Seen by Coroner

of

OVER

Name in Full

Certificate of Death

Annie Elizabeth Hilton

Died at Town Level County Harford MARYLAND

Date 1899 Month 3 Day 20 Age Y. 63 M. D. Native of Md Occupation

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 10

~~Husband~~ Wife of Edward Hilton

Father's Name — Wigby Mother's Name

Cause of Death Primary 42 How long sick

Immediate Apoplexy ~~Accident Suicide Homicide~~

Reported by J. L. Hopkins M.D.

Address Garland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full Timothy Keane

Certificate of Death

Died at Town Havre de Grace County Harford MARYLAND

Date 1899 Month Mch Day 19 | Age Y. 45 M. D. | Native of Ha. de Gr. | Occupation Fisherman

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced Number of children living

Husband ~~Wife~~ of

Father's Name John Keane Mother's Name Annie Keane

Cause of Death { Primary Pulmonary Tuberculosis | How long sick 1 Yr

Immediate 22a | Accident, Suicide, Homicide

Reported by Dr. R H Smith

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Certificate of Death

Hollis Kell

Died at Town Forest Hill County Harford MARYLAND

Date 189[illegible] Month March Day 23rd Age Y. 10 M. D. Native of Harford Co Occupation

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of Wife

Father's Name Charles Kell Mother's Name Florence Kell

Cause of Death: Primary Cold 72 How long sick Two days

Immediate Double Pneumonia ~~Accident~~, ~~Suicide~~, Homicide

Reported by H. L. Smith M.D.

Address Forest Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FORM

Name in Full — Certificate of Deat

Benjamin L. McCommons

Died at — Town: Adams — County: Carford — MARYLAND

Date 189 — Month: 3 — Day: 15 — Age: Y. 77 M. 2 D. 7 — Native of: Carford — Occupation: Cooper

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~

Number of children living 3

Husband ~~Wife~~ of Elizabeth McCommons

Father's Name — Mother's Name Sarah

Cause of Death — Primary — Immediate Heart trouble 57

How long sick 2 hours

Accident, Suicide, Homicide

Reported by Bailey & Baldwin F. D's,

Address Level Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968

Name In Full James H. Magness — Certificate of Death

Died at Town near Bel Air County Harford MARYLAND

Date 189 9 Month 3 Day 19 | Age Y. 70 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 6

Husband of
Wife

Father's Name | Mother's Name

Cause of Death — Primary: Paralysis 44 — How long sick

Immediate: — Accident, Suicide, Homicide

Reported by Regis & Smallwood

Address 3-24

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Rev. Silas B. Tredway,
Mr. Carmel M. P. Ch.,
Emmorton
Harford Co.

Name in Full Elizabeth Mitchell. Certificate of Death

Died at Town Aldino County Harford MARYLAND

Date 189 Month March Day 9 | Age Y. 72 M. D. | Native of Pa | Occupation —

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ Wife of John Mitchell

~~Father's~~ Name ~~Mother's~~ Name 69

Cause of Death: Primary Bronchitis — How long sick one week

Immediate Suffocation — ~~Accident, Suicide, Homicide~~

Reported by Dr. T. L. Fair

Address Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Ella Nelson

Certificate of Death

Died at Town Aberdeen County Harford MARYLAND

Date 1899 Month Mar Day 13 Age Y. 35 M. – D. – Native of Maryland Occupation Dressmaker

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Benef Nelson

Mother's Name Elizabeth Nelson

Cause of Death

Primary Chronic Albumminia

Immediate Exhaustion 97

How long sick 1 year

~~Accident, Suicide, Homicide~~

Reported by J. H. Kennedy

Address Aberdeen Md.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full Robert W. Russell

Certificate of Death

Died at Town Bel Air County Harford MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
3	19					

Date 189 9 Age

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name Wm. Russell Mother's Name Catherine Russell

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Bel Air Times

Address [redacted] 3-20-

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79998

Rev. H. R. Isaac,

Bel Air M. E. Ch

Name In Full Russell Sheridan

Certificate of Death

Died at Town Bel Air County Harford MARYLAND

Date 189 Month 3 Day 19 Age Y. Infant M. D. Native of Occupation

Male ~~Female~~ White Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name Wm. C. Sheridan Mother's Nama

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Aegis & Intelligencer

Address 3-24

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70988

Name in Full Joshua Wright

Certificate of Death

Died at Town Carea County Harford MARYLAND

Date 1899 Month 3 Day 24 Age Y. 74 M. D. Native of Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Wife

Father's Name Mother's Name 141

Cause of Death Primary General debility How long sick

Immediate Accident, Suicide, Homicide

Reported by Aegis & Intelligencer 3-31

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888